

February 4, 2008

Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attn: CMS-2237-IFC  
P.O. Box 8016  
Baltimore, MD 21244-8016

Re: Comments on CMS-2237-IFC (Case Management Services)

Dear Sirs/Madams:

I write on behalf of the State Council for Persons with Disabilities (SCPD) to proffer comments on interim final regulations defining the scope of case management services under the Medicaid program. As background, SCPD is charged in 29 Del.C. Section 8734 with the responsibility of proposing and promoting laws, regulations, programs and policies to improve the well-being of persons with disabilities. Consistent with its stated mandate, Council has the following observations.

1. Section 441.18(a)(8) contemplates billing of Medicaid case management services in increments that do not exceed 15 minute intervals. SCPD views this standard as unduly constrictive. First, it will result in diversion of time heretofore devoted to substantive case management to administrative time-keeping. Second, it will result in an administrative burden on states since they will have to process invoices for services with numerous small entries.

2. Section 441.18(a)(5) categorically limits case management to a single person. There is some value in having a single point of case coordination contact for a beneficiary. However, the Council views this standard as unrealistic. First “job-sharing” is becoming a more common employment option. The regulation would prohibit job-sharing for a case manager. Second, the regulation assumes that all case managers have uniform expertise in all matters being presented by a client. It is common for an agency to have staff with differing skills or expertise. For example, if a client presents with both physical and mental health needs, the client may benefit from co-case managers who specialize in services in both domains (physical and mental health service delivery systems). Alternatively, a case manager for a Deaf client with traumatic brain injury (TBI) may be chosen for American Sign Language (ASL) communication ability, but would also benefit from a co-case manager with an expertise in TBI services. Third, if a case manager is on vacation or absent due to illness, the regulation would disallow billing by a substitute providing coverage.

3. Section 440.169 ostensibly limits case management to persons transitioning from less than a 180-day stay in an institution to the last 14 days in the institution. This timetable is unduly truncated. Beneficiaries with complex needs may require transitional case management services extending beyond 14 days. Case management services of a longer duration should be allowed.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the regulation.

Sincerely,

Daniese McMullin-Powell, Chairperson  
State Council for Persons with Disabilities

cc: Mr. Harry Hill  
Ms. Valerie Smith  
Developmental Disabilities Council  
Governor's Advisory Council for Exceptional Citizens

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